L13000016680

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400247753774

05/10/13--01018--010 **125.00

MAY 1 3 2013

T. HAMPTON

4.

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Beien Bramblett Enterprise LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Beian Bramblett
Brian Bramblett Enterprise LL
7430 Sw 173 Street
Palmetto Bay A 33157
Brian Bran 44 a AOL. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Reign Bramblett at (305) 710-3363 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certificate of Status □\$160.00 Filing Fee, Certificate of Status Ce

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Reian Bramble H Enterprise (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	LL	C
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability C	ompar	ıy is:
Principal Office Address: Mailing Address:		
7430 Sev 1738t Same Palmetto Bay FI 33157		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu (The Limited Linbility Company cannot serve as its own Registered Agent. You must designate an individual or and business entity with an active Florida registration.)	ire: ther	
The name and the Florida street address of the registered agent are: Camble		
7430 SW 173 St		
Florida street address (P.O. Box NOT acceptable) Metto Bay FL 33/57 City, State, and Zip		
Having been named as registered agent and to accept service of process for the above st liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the prall statutes relating to the proper and complete performance of my duties, and I am fan and accept the obligations of my position as registered agent as provided for in Chapte	itment ovision niliar v	tas ns of with
Registered Agent's Signature (REQUIRED)		r
(CONTINUED)	13 MAY	SECRE DIVISION
` '		유무

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary)

. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F,S.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)